

April 30, 1999

Page 1 of 1

Center: Patient Initials:   
Rand Number: Form completed  
by: **A. VISIT INFORMATION**1. Visit: **I\_VISIT**☐ 01 1 month☐ 03 3 month☐ 06 6 month☐ 12 12 month☐ 18 18 month☐ 24 24 month☐ 30 30 month☐ 36 36 month☐ 42 42 month☐ 99 Non-routine2. Date of contact: **I\_VISDY** /  /   
Month Day Year**B. SAFETY INTERVIEW** (complete for every visit)1. Have you had any bleeding from your vagina since the last routine WAVE visit? **deleted**  
(Bleeding after 6 months should be followed up and reported on form W18)Y<sub>1</sub> N<sub>3</sub>a. If yes, have you had a hysterectomy since the last routine WAVE visit? **deleted**Y<sub>1</sub> N<sub>3</sub>2. Have you noticed any changes in your breasts (new lumps, nipple discharge, or skin changes) since the last routine WAVE visit? **deleted**Y<sub>1</sub> N<sub>3</sub>3. Since the last routine WAVE visit, have you been told you had:  
(If any of 3a. through 3e. are answered Yes, complete form W09)a. breast cancer? **deleted**Y<sub>1</sub> N<sub>3</sub>b. endometrial cancer? **deleted**Y<sub>1</sub> N<sub>3</sub>c. endometrial hyperplasia? **deleted**Y<sub>1</sub> N<sub>3</sub>d. blood clots in your legs or lungs? **deleted**Y<sub>1</sub> N<sub>3</sub>e. gallbladder disease causing abdominal pain or indigestion? **Deleted**Y<sub>1</sub> N<sub>3</sub>**I\_SYMP = 1 if yes to ANY of Question B1, B2 or B3a-e****= 0 if ALL are no****C. ACTIONS** (complete for every visit)

1. As a result of this gynecologic evaluation, were any actions taken beyond reassuring the patient?

Y<sub>1</sub> N<sub>3</sub>**I\_ACTION***If Yes, answer questions a. through e. below. If No, leave questions a. through e. blank.  
If follow up was recommended, complete form W18.*a. Were medications changed or stopped? (if so, complete form W06) **I\_MEDCHG**Y<sub>1</sub> N<sub>3</sub>b. Was the participant asked to return to clinic for evaluation? **I\_RETURN**Y<sub>1</sub> N<sub>3</sub>c. Was the consulting gynecologist notified? **I\_GYN**Y<sub>1</sub> N<sub>3</sub>d. Was the participant referred to her primary care physician? **I\_PMDREF**Y<sub>1</sub> N<sub>3</sub>e. Were there other actions? **I\_OTHACT**Y<sub>1</sub> N<sub>3</sub>

1) If yes, specify:

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